

## **PROMOTING SAFE and STABLE FAMILIES**

### **Report Form – Part II**

#### **SECTION 1 - OVERVIEW**

##### **Importance of Collecting Data**

To continue receiving Promoting Safe and Stable Families Funds (PSSF) from the federal government, Virginia's PSSF program must demonstrate success in serving, preserving and strengthening families. Congress and the Virginia General Assembly, as well as the Administration for Children and Families (ACF) demand accountability. Collectively, the Virginia Department of Social Services (VDSS) and local programs must show that we are maximizing the use of limited funds to preserve families, or to help children secure new families when they are unable to return to their birth families. **Based on the locality's approved PSSF plan, each locality receiving PSSF funds is required to submit quarterly and year-end reports listing the types of services provided, number of families and children served, and actual outcomes achieved resulting from the use of PSSF funds.**

##### **Critical Information Requested**

There are some essential elements that should be included in the program reports. Primarily, VDSS has taken a more results-oriented approach to achieve safety, permanency and well-being of children. It is important to address whether the PSSF program services prevented foster care placement and child abuse or re-abuse. Also, please discuss local program models and best practices proven to be effective in producing successful program outcomes when completing the Year-End Report.

##### **Counting the Number of Families and Children Served**

The report forms are designed to capture the unduplicated number of children and families served under the four service types: Family Preservation, Family Support, Time Limited Reunification and Adoption Promotion. However, VDSS staff recognizes that depending on the case, there may be times when services may fall under more than one service type (e.g., Family Preservation and Time-Limited Reunification). Use the approved Service Codes listed on (***Attachment A***) to ensure the appropriate tracking of services provided. *Some services provided like library resource centers, websites, information and referral services and newsletters do not always provide a means to collect identifiable demographic data. However, local programs providing the services must report information that reflects the number of families and children that received materials or how many visited the website, when including the services in the reports.*

##### **Narrative Sections**

Including comments in the narrative sections is strongly encouraged. All information provided will be read to assist in documenting program outcomes and service trends.

##### **Report Periods**

Report 1(June - August)

Report 2 (September - November)

Report 3 (December - February) **and**

Report 4 (March - May)

Year-End Report (June-February)

**The reports are due the Third Week of the month following the three month report period**  
(i.e., *Report 1 is due the third week in September, annually*).

Please forward completed reports via e-mail to [patrick.plourde@dss.virginia.gov](mailto:patrick.plourde@dss.virginia.gov) OR mail to  
Virginia Department of Social Services, Division of Family Services, 11<sup>th</sup> Floor  
801 East Main Street, Richmond, VA 23219-2901

**To the Attention of: Patrick Plourde, PSSF Program Consultant**

## SECTION 2 - REPORT INSTRUCTIONS & DEFINITIONS

The following instructions and definitions were developed to help localities complete the report form. It is advisable to save a back-up copy of the form on your computer hard drive. The top of each report page is a designated “Header” section. Please double left click on the section at the beginning of Part II (Report Form) to open the header and to enter your identifying information. Completing this step will automatically populate the next sections of the form. Please double left click on the section again to close it and to complete your report. Please omit the Overview, Instructions, Definitions and Attachment A before mailing the reports.

A LDSS that contracts with another service provider should combine all activities purchased from the provider in one report. The LDSS PSSF staff coordinator must collect all program data on each of the attachments received from each provider, enter the combined data on one report form and mail the locality's report per the instructions in Section I.

### **Definitions of Key Words in order of appearance in the report:**

**Locality:** The designated city or county that is served by the program.

**FIPS Code:** Federal Information Processing Standards Codes for states, counties, and named populated places. It is a three digit number and can be obtained from the local agency. The code is required reporting data.

**Service Region:** The geographic area to which the local department of social services is assigned.

**Reporting Agency:** The authority completing the report that is sent to VDSS. If localities are jointly administering a PSSF program with other local department of social services, community based organizations or **contract providers** a joint report is required. Single reports should not be submitted. One reporting agency should be identified and that agency should collect the program data, enter it into one report form and submit it to VDSS.

**Person Reporting:** The individual responsible for completing and submitting the reports.

**Reporting Period:** The time covering each report.

**Service Type:** The four categories types under which PSSF funding can be spent.

**Service Code:** The three digit code assigned to each service category listed on the approved Array of Services listing. (Attachment A)

**Family Preservation:** Services designed to help families alleviate crises that might lead to out-of-home placements of children because of abuse, neglect, or parental inability to care for their children. They help to maintain the safety of children in their own homes, support families

preparing to reunify or adopt, and assist families in obtaining other services to meet multiple needs.

**Family Support:** Services are designed to alleviate stress and help parents care for their children's well-being **before a crisis occurs**. Services often provided at the local level by community-based organizations. **They are voluntary, preventive activities** to help families nurture their children. They connect families with available community resources and supportive networks which assist parents with child rearing. They encourage strengthening parental relationships and promoting healthy marriages. Family support activities include respite care for parents and caregivers, early developmental screening of children to identify their needs, mentoring, tutoring, health education for youth, and informal interactions in drop-in centers.

**Time Limited Family Reunification:** TLFR services are “services and activities that are provided to a child who is removed from home and **placed in a foster family home or a residential facility**, and to the parents or primary caregiver of such a child, in order to facilitate the reunification of the child safely and within a timely fashion, but only during the 15-month period that begins on the date that the child is considered to have entered foster care.” Once the child is reunified, the 15-month time limit ends. Regulations do allow use of family preservation funds for post-reunification services and follow-up.

*(Example of TLFR: Child #1 a 5 y/o female was removed from the home of her 25 y/o mother due to neglect resulting from substance abuse reports filed against the mother by a neighbor 01/05. The mother attended substance abuse treatment for six months and remained drug free. The child was placed in foster care during the mother's treatment and reunited with the birth mother 06/05. Transportation services were provided for weekly visitation with the birth mother during her treatment).*

**Adoption:** Services and activities designed to encourage placement out of the foster care system while focusing on the best interests of children. Includes such activities as pre- and post-adoptive services designed to expedite the adoption process and support adoptive families.

**Total Served this Report Period:** The number of families that received services under a particular service type (i.e., Family Preservation, Family Support, Time Limited Family Reunification) during the current reporting period. Report the number of children receiving the service. Please include only the children in the household that receive services funded in whole or part with PSSF funds.

**Total Served Year-to-Date:** This number will include the cumulative number of families and children served from one report period to the next. Do not duplicate the number of families and children served in a different service type. For example, if **Child 1 in Family A** received **Time Limited Family Reunification** services during the 1<sup>st</sup> Reporting Period and **Child 1 in Family A** received **Family Preservation** during the 2<sup>nd</sup> Reporting Period, **neither Family A nor Child 1** would be counted in the 2<sup>nd</sup> Reporting Period. When presented with examples like this, explain the situation by adding a footnote in the report.

**Families Served:** The unit receiving services (i.e., parents and children living in the home).

**Children Served:** The number of individual children living in the home, receiving the services and between the ages of birth to 18 or who fit the definition of eligibility under Foster Care.

**Children in Relative/Kinship Care:** The full-time care, nurturing and protection of children by a relative (*Code of Virginia* § 63.2-100). Individuals ages birth to 18 living in a home belonging to a person other than their biological mother or father to whom the child is related (e.g., a grandparent, aunt, uncle or sibling).

**Community Collaborations:** Includes other agencies in the local community that work together in meeting the needs of families and children receiving services paid for with PSSF funds (e.g., school-based programs, faith-based organizations, nonprofit organizations and municipal, county or state agencies that comprise formal or informal direct service systems).

## PART II

### Attachment A:

Service Code	Array of Services
010	Adoption Promotion/Support Services
020	Assessment
030	Case Management
040	Community Education and Information
050	Counseling and treatment: Individual
051	Counseling: Therapy Groups
060	Day Care Assistance
061	Developmental/Child Enrichment Day Care
070	Domestic Violence Prevention
080	Early Intervention (Developmental Assessments and/or Interventions)
090	Educational/ School Related Services
110	Financial Management Services
120	Health Related Education and Awareness
130	Housing or Other Material Assistance
140	Information and Referral
150	Intensive In-Home Services
160	Juvenile Delinquency/Violence Prevention Services
170	Leadership and Social Skills Training
180	Mentoring
190	Nutrition Related Services
200	Other (identify)
210	Parent-Family Resource Center
211	Parenting Education
212	Programs for Fathers (Fatherhood)
213	Parenting Skills Training
220	Respite Care
230	Self Help Groups (Anger Control, SA, DV)
235	Substance Abuse Services
240	Socialization and Recreation
250	Teen Pregnancy Prevention
260	Transportation

Part II: Promoting Safe and Stable Families Program Report Form					
Program Year:			Date Submitted:		
Locality:					
Service Region (Check one box)	Central	Eastern	Northern	Piedmont	Western
Reporting Agency:					
Person Reporting:					
Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

### Attachment B-1: Service Type 1 – Family Preservation Services

Total Served this Report Period (New)		Total Served Year-to-Date		
<u>Families</u>	<u>Children</u>	<u>Families</u>	<u>Children</u>	
<div></div>		<div></div>		
Numbers may be duplicated under another service type		Do not duplicate number of families and children served in a different service type. (i.e., Provided services to a family in TLFR on the 1st reporting period and then provided services to the same family under FPS in the 2 <sup>nd</sup> reporting period.)		
Service Code	Service Provided	Families Served	Children Served	Children in Relative Care (This number will be duplicated in children served)
Program outcomes achieved this report period:				
Program challenges observed this report period:				

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Reporting Agency:					
Person Reporting:					
Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

## Attachment B-2: Service Type 2 - Family Support Services

Total Served this Report Period (New)		Total Served Year-to-Date		
<u>Families</u>	<u>Children</u>	<u>Families</u>	<u>Children</u>	
<hr/> <i>Numbers may be duplicated under another service type</i>		<hr/> <i>Do not duplicate number of families and children served previously in a different service type. (i.e., Provided services to a family in FPS on the 1st reporting period and then provided services to the same family under FSS in the 2<sup>nd</sup> reporting period.)</i>		
Service Code	Service Provided	Families Served	Children Served	Children in Relative Care (This number will be duplicated in children served)
Program outcomes achieved this report period:				
Program challenges observed this report period:				

Part II: Promoting Safe and Stable Families Program Report Form					
Program Year:			Date Submitted:		
Locality:					
Service Region (Check one box)	Central	Eastern	Northern	Piedmont	Western
Reporting Agency:					
Person Reporting:					
Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

### Attachment B-3: Service Type 3 – Time Limited Family Reunification Services

WAIVER REQUESTED: YES ☐ NO ☐  
 Right click on check box, select properties, select check option and ok to close

Total Served this Report Period (New)		Total Served Year-to-Date		
<u>Families</u>	<u>Children</u>	<u>Families</u>	<u>Children</u>	
<hr/> <i>Numbers may be duplicated under another service type. If so, identify the Service Type and number of families</i>		<hr/> <i>Do not duplicate number of families and children served previously in a different service Type. (i.e., Provided services to a family in FPS on the 1<sup>st</sup> reporting period and then provided services to the same family under TLFR in the 2<sup>nd</sup> reporting period)</i>		
Service Code	Service Provided	Families Served	Children Served	Children in Relative Care (This number will be duplicated in children served)
<b>Summarize the outcomes and services provided for each child and family set targeted for time limited reunification. Please include demographic data, case circumstances, and achieved outcomes. (See definition for Time limited Family Reunification for written example).</b>				
<b>Were any of the children placed with relatives when reunification was not achieved?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____				
<b>Was there a legal transfer of the child's custody to a relative?</b> YES <input type="checkbox"/> NO <input type="checkbox"/> How many? _____				
<b>Discuss services that were provided to the relative with whom the child or children were placed.</b>				
<b>Program challenges observed this report period:</b>				

Part II: Promoting Safe and Stable Families Program Report Form					
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Reporting Agency:					
Person Reporting:					
Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

### Attachment B-4: Service Type 4 – Adoption Services

(Numbers reported here **should not** be reported under other service types):

**Optional Service Expense:** Funds are allocated to adoption programs at the home office level and localities are not required to allocate 20% of their allocated funds for adoption services.

Total Served this Report Period (New)		Total Served Year-to-Date		
<u>Families</u>	<u>Children</u>	<u>Families</u>	<u>Children</u>	
<div></div>		<div></div>		
Numbers may be duplicated under another service type		Do not duplicate number of families and children served previously in a different service type.		
Service Code	Service Provided	Families Served	Children Served	Children in Relative Care (This number will be a duplicated in children served)
Program outcomes achieved this report period:				
Program challenges observed this report period:				

Part II: Promoting Safe and Stable Families Program Report Form					
Program Year:			Date Submitted:		
Locality:					
Service Region (Check one box)	Central	Eastern	Northern	Piedmont	Western
Reporting Agency:					
Person Reporting: Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

## Attachment B-5:

### Submit Each Report Period Including the Year-End Report

\*\*\*Number Served Year-to-Date (YTD)\*\*\*

<b><u>Cultural Make-up</u></b> Please count the number of families and not the number of children	<b><u>Language Spoken by Family</u></b> Please count the number of families and not the number of children
African American: ***YTD:	English: ***YTD:
Hispanic: ***YTD:	Spanish: ***YTD:
White: ***YTD:	Other (please list):
	Unknown:
Asian: ***YTD:	<b>Total Number of Families Served – Unduplicated:</b>  ***YTD: _____
Other (please list): ***YTD:	This number should equal to the Total Families Served (Unduplicated) entered in the Use & Program Cost Summary table in the Year-End Report
Unknown: ***YTD:	
<p><b>Discuss how your staff was able to communicate effectively with families where English is their second language:</b></p> <p><b>Please check the following to demonstrate other ways in which the staff communicates with bi-lingual clients.</b></p> <p>Used interpreters: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Bi-lingual staff employed at your agency: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Has identified a need for bi-lingual staff: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p>Has developed publications in languages other than English: YES <input type="checkbox"/> NO <input type="checkbox"/></p> <p><b>Other Examples:</b></p>	

Part II: Promoting Safe and Stable Families Program Report Form					
Program Year:			Date Submitted:		
Locality:					
Service Region (Check one box)	Central	Eastern	Northern	Piedmont	Western
Reporting Agency:					
Person Reporting:					
Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

### Attachment C-1:

<b>YEAR-END REPORT</b>
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#### Budget Summary

Total PSSF Allocation: \_\_\_\_\_

Additional PSSF Funds Received: \_\_\_\_\_

Total PSSF Funds Received: \_\_\_\_\_

Service Type	Service Codes <u>Most Frequently Used</u>	Total Children Served (Unduplicated)	Total Families Served (Unduplicated)
Preservation			
Support			
Reunification			
Adoption <i>Optional Service Expense</i>			
	<b>TOTAL SERVED</b>		

<b>Part II: Promoting Safe and Stable Families Program Report Form</b>					
Program Year:			Date Submitted:		
Locality:					
Service Region (Check one box)	Central	Eastern	Northern	Piedmont	Western
Reporting Agency:					
Person Reporting: Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

## Attachment C-2:

<b>YEAR-END REPORT</b>
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### Number of Children Served

1. Number of children receiving Time-Limited Family Reunification Services during the year: (some of these may be a carryover from the previous year)

\_\_\_\_\_

- Of this number, how many children returned home during the year:
- Of this number, children for whom Time-Limited Family Reunification Services continue:

\_\_\_\_\_

2. Number of Foster Care children placed with a relative/kinship care:

\_\_\_\_\_

3. Number of children that received PSSF funded services for whom a new founded disposition of abuse or neglect was determined during the year:

\_\_\_\_\_

4. Number of children that received PSSF funded services who entered Foster Care during the year:

\_\_\_\_\_

### Comments:



<b>Part II: Promoting Safe and Stable Families Program Report Form</b>					
Program Year:			Date Submitted:		
Locality:					
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Person Reporting: Phone & E-mail:					
Report Period (Check one box)	Report 1 (Jun 1 – Aug 31)	Report 2 (Sep 1 – Nov 30)	Report 3 (Dec 1 – Feb 28)	Report 4 (Mar 1 – May 31)	

### **Attachment C-4:**

#### **Model Program Recommendations** (Optional)

**Please discuss programs and best practices proven to be effective in producing program outcomes in the locality that other localities may consider implementing. Identify contact persons for the program.**